

AACE ACCESS REQUEST

- ☐ Grant Access
☐ Remove Access
 * (only AACE UserID and Supervisor signature required)
☐ Transfer data to AACE system

REQUESTER INFORMATION

Employee Name		E-mail ID (Address)
Department		Work Telephone ()
Division		Job Title
Work Location	Local Printer Model (e.g., HP Laserjet 5Si/5Si MX PS)	<input type="checkbox"/> Permanent Employee <input type="checkbox"/> Temporary Employee Expiration Date _____

REQUEST ACCESS TO DATA ON A STATEWIDE SYSTEM

Statewide System

- ☐ MAIN FACS
☐ HRS
☐ PARIS
☐ OTHER _____

Existing MIDB User ID _____

Existing Application User ID _____

Before moving information to the AACE system, Office of Financial Management (OFM) will evaluate existing user access to MIDB or other application system. If the user does not have access, OFM will coordinate the request in a manner already prescribed for gaining access to MIDB or other application system.

REQUEST ACCESS TO DEPARTMENTAL DATA

Before moving information from your department's information system(s) to the AACE system, you must obtain proper authorization in accordance with your department's established policies/procedures. Security of information on the AACE system is effectively protected from disclosure to unauthorized users. Upon request, DMB will coordinate movement of data to the AACE system via FTP file transfer.

AGENCY AUTHORIZATION

I understand that the AACE system is intended for the sole purpose of communicating, transmitting, processing, and storing State of Michigan data. I will hold all information obtained in connection with my use of the AACE system in the strictest confidence. I understand that I am responsible for data moved from the AACE system to my local computing environment (downloads, printouts, etc.). I agree to protect my user ID and password from unauthorized use. All access under my user ID is my responsibility. All information I obtain with my user ID shall be used only in the proper conduct of State business.

Requester's Signature:	Date:
* Supervisor's Signature:	Date:

DMB USE ONLY

OFM Approval:	Date:
* AACE User ID:	Restrict Full Access to Network Folder:
AACE Security Administrator Approval:	Date: